

EXHIBIT 51

Taking a Long-Acting Opioid

*What does it
mean to me?*



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*Taking a long-acting opioid:
What does it mean to me?*

The management of moderate to severe chronic pain can be achieved in different ways. This brochure answers some of the most frequently asked questions about the use of long acting opioids to treat moderate to severe chronic pain.

The information contained in this brochure does not replace talking with your healthcare provider about your pain treatment options including medication.

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SECTION 1**Long-Acting Opioids****What is a long-acting opioid?**

Long-acting opioids are a type of pain medicine used for moderate to severe chronic pain that lasts most of the day. They are sometimes called “controlled-release” or “extended-release” because the medicine is gradually released into the body over an 8–12 hour period or longer. Examples of long-acting opioids taken by mouth include:

- OPANA® ER (oxymorphone hydrochloride) Extended-Release Tablets
- MS Contin® (morphine sulfate controlled-release) Tablets
- Oramorph® SR (morphine sulfate) Sustained Release Tablets
- OxyContin® (oxycodone HCl controlled-release) Tablets

How do long-acting opioids differ from short-acting opioids?

Compared to long-acting opioids, short-acting opioids are primarily used to treat acute pain and are taken as needed. Short-acting opioids may be used alone or combined with opioid or non-opioid analgesics. Examples of short-acting opioids include the following products.

- TYLENOL® with Codeine (acetaminophen and codeine phosphate) tablets, USP
- ZYDONE® (Hydrocodone Bitartrate and Acetaminophen Tablets, USP)
- Vicodin® (hydrocodone bitartrate and acetaminophen tablets, USP)

- Dilaudid® (hydromorphone hydrochloride)
- MSIR® Immediate-Release Oral Tablets or Capsules (morphine sulfate)
- PERCOCET® (Oxycodone and Acetaminophen Tablets, USP)
- TYLOX® (oxycodone and acetaminophen capsules USP)
- Roxicodone® (oxycodone hydrochloride) tablets
- OPANA® (Oxymorphone Hydrochloride) Tablets

What is the risk of becoming addicted to a long-acting opioid?

Addiction is defined as compulsive drug seeking that is beyond a person's voluntary control even if it may cause harm. Most healthcare providers who treat patients with pain agree that patients treated with prolonged opioid medicines usually do not become addicted.

Physical dependence, which is different from addiction, may develop when taking opioids for pain relief for a long time. This means that your body adapts to the drug and you will have withdrawal symptoms if the medicine is stopped or decreased suddenly. Taking opioids for pain relief is **NOT** addiction.

What if I feel I need more medicine over time?

Some people taking opioids may need to take a higher dose after a period of time in order to continue to have relief from their pain. This is a “tolerance” to opioid medications that doesn't affect everyone who takes them, and does **NOT** mean addiction.

If tolerance develops, it does not mean you will “run out” of pain relief. Your healthcare provider can adjust your dose or prescribe another medicine.

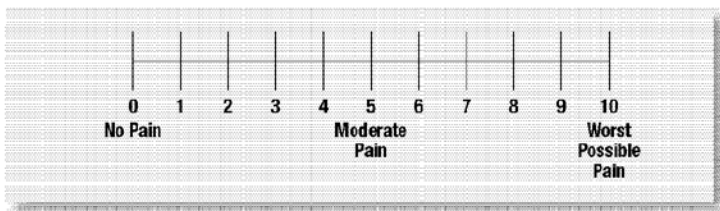
How should I take my long-acting pain medicine to get the best pain relief?

People who are in pain for most of the day should take their pain medicine at regularly scheduled times as directed by their healthcare provider. Taking medicine in this way may prevent the return of pain several times a day, as often occurs with “as needed” or non-scheduled dosing.

How can I tell my healthcare provider about my pain?

It's best to describe your pain as clearly and in as much detail as possible. Keep a daily journal or diary of your level of pain and how the pain affects you. This will help your healthcare provider and you determine how your medicines are working. When your pain occurs record the following information.

- Location of the pain
- Intensity of the pain (most people use the 0 to 10 scale to rate their pain; see below)



- What you were doing when the pain occurred
- What you used to treat the pain (medicines, supplements, and other treatments)

- How effective the treatment was

Bring your diary with you to your next appointment with your healthcare provider.

My friends and family want to help me. What can they do?

Friends and family can do many things to make your life easier. They can run errands or help around the house. They can help you complete your journal and keep written records of your pain level and the medicines you take each day. They can also go with you to see your healthcare provider so you do not miss important information.

SECTION 2

What you should know about taking long-acting opioids

How should I take my long-acting opioid?

Long-acting opioids are usually taken at regularly scheduled times, such as every 12 hours. Always take your long-acting opioid exactly as directed by your healthcare provider and as written on the prescription label. Never take larger or more frequent doses before talking with your healthcare provider.

If you take an opioid regularly for longer than a week, don't suddenly stop, or decrease the dose by a large amount, because “withdrawal” symptoms such as abdominal cramping or sweating can occur. When you no longer need this medicine, your healthcare provider will slowly decrease your dose safely.

What should I do if I develop pain between doses of my long-acting opioid?

Some people taking long-acting opioids to treat chronic pain experience flare-ups of otherwise stable pain between doses of pain medicine. This is referred to as “breakthrough pain.” Breakthrough pain can occur many times during the day and usually strikes quickly.

Your long-acting opioid should **NOT** be used to treat breakthrough pain. The ideal medicine for breakthrough pain is a pain medicine that begins to work quickly and lasts a short period of time. These are called short-acting drugs or rescue medicines. Do not wait until pain becomes severe to take your rescue medicine. Breakthrough pain is easier to control when it is just starting. Remember to follow your healthcare provider’s instructions closely.

What should I do if I miss a dose?

If you miss a dose, take that dose as soon as you remember. However, if you remember that you missed a dose at about the time for the next dose, only take the next dose — **DO NOT take two doses**. Then, take future doses at the time prescribed by your healthcare provider.

What happens if I take too much medicine?

Seek **emergency medical attention** if you think you have used too much (overdose) of your opioid medicine.

What are the common symptoms seen following an overdose?

Seek emergency room care if you have any of the following side effects.

<input type="checkbox"/> Slow breathing
<input type="checkbox"/> Shallow breathing (little chest movement with breathing)
<input type="checkbox"/> Sleepiness
<input type="checkbox"/> Slow heart beat
<input type="checkbox"/> Extremely small pupils
<input type="checkbox"/> Low blood pressure
<input type="checkbox"/> Confusion
<input type="checkbox"/> Dizziness
<input type="checkbox"/> Feeling faint
<input type="checkbox"/> Other unusual symptoms

Can I drink wine or other alcoholic beverages while taking long-acting opioids?

All opioids have warning labels not to drink alcohol while taking the opioid. This is because of the potential for serious and even fatal reactions.

SECTION 3

Common side effects

What side effects will I have during treatment with a long-acting opioid?

The most common side effects are constipation, nausea and/or vomiting, sleepiness, and slowed breathing.

Constipation

Constipation from opioids is common. Your healthcare provider may prescribe a laxative or a combination laxative-stool softener to treat constipation before it begins. You can help ease constipation by drinking plenty of water each day and adding more fiber too.

Nausea and/or vomiting

Nausea and/or vomiting are common as you begin treatment, or just after your dose is increased. Your healthcare provider can also prescribe medication to relieve the nausea and vomiting. Once your body adjusts to the opioid, that uneasy, uncomfortable feeling that you need to vomit may disappear.

Sleepiness

Some degree of sleepiness is normal when you start taking an opioid analgesic or when the dose is increased, but after a few days the drowsiness usually goes away. You may notice sleepiness because the pain you had been feeling has left you tired. However, keep in mind that taking opioids may affect your ability to perform some tasks like driving or operating heavy machinery.

Be careful if you are drowsy, and steady yourself when you walk.

Slowed breathing

Seek **emergency medical attention** immediately. Slowed breathing is very rare when oral opioids are used appropriately for pain relief. However, taking too much of an opioid pain medicine or taking doses when you are not experiencing any pain may cause slowed breathing — also known as “respiratory depression.” If you

have a history of troubled breathing, be sure to tell your healthcare professional and be especially careful to follow the instructions on the prescription. If you become so sleepy that you cannot make yourself stay awake, you may be in danger of slowed breathing.

Can opioids cause seizures?

Seizures have been reported in patients taking opioids. Your healthcare provider should be told if you have had a seizure in the past and if you are taking other opioids or medicines that are commonly used to treat depression (eg, amitriptyline, fluoxetine).

Will I be able to drive?

It is possible to drive if you have normal mental acuity (clear thinking and alertness) and take stable doses of long-acting opioids. You should ask your healthcare provider if the medication you have been prescribed might impair your driving ability.

I take several other medicines to treat other conditions. Is there a risk of an interaction between my pain medicine and these other drugs?

It's always possible that two medicines will interact. Therefore, it is important to make your healthcare provider aware of all other medicines you are taking to treat your pain or other medical problems. These include medicines prescribed by other healthcare providers, non-prescription medicines, and herbal supplements. Your healthcare provider can select medication combinations that will give the greatest benefit while minimizing the risk of a drug interaction or toxicity.

SECTION 4

Questions to ask your healthcare provider

By prescribing opioids, your healthcare provider is trying to help you control your pain and maintain a productive life. Here are some questions you might want to discuss with your healthcare provider:

- What is the name of this medicine?
- How often do I take this pain medicine?
- At what time do I take this medicine?
- What do I do if I miss a dose?
- Should I take this medicine before meals, after meals, with meals or on an empty stomach?
- Should I avoid certain foods or drinks with this medicine?
- What are the side effects?
- What should I do if I experience a side effect?
- How should I store it?
- Will I be able to drive?
- How will this medicine affect my work?
- Will this medicine work safely with other medicines I am taking?
- Can I do anything along with taking my medicine to help my symptoms?

Only you and your doctor can determine the treatment regimen, including dosing, that is right for you.

Notes

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